

Dear Representative Whitman,

In follow-up to DVHA's testimony in the House Committee on Human Services yesterday and in consideration of a completed review of the attached version of the committee bill as shared by Julie Tucker, DVHA provides the following information:

1). The Department of Vermont Health Access has clinical concerns with the policy changes reflected in Section 4; as a result, the Department immediately requested feedback from the Hub and Spoke system of care providers on these policy changes. The Department encourages the Committee to review this information, and to request testimony from providers who participate in the nationally recognized Hub and Spoke system of care for opioid use disorder if additional information is needed.

- **For Spoke practices**, the feedback received was as follows regarding the Vermont Medicaid requirement for prior authorizations “above 16mg does not delay care as the individual is on a dose that fills well in excess of 90% of opioid receptor occupancy; thus, the PA process is really ensuring that dose insufficiency is, in fact, the issue rather than another reason (such as patient not taking full dose, diversion, improper dissolving technique, other medication changes, etc.) and ensures that the provider has considered and monitored alternative reasons for continued struggles and that medical necessity has been met because risk of diversion does increase as dose increases.”
- **For Hubs**, “No prior authorization of up to 24mg (FDA max dose) exists in the Hubs as dosing is monitored and can be assured that the dose is properly being taken such that it can be determined that dose insufficiency is of primary concern. According to Drs. Lukonis, Kloster and Brooklyn, who are regarded as national experts, **they state they are all content with the current PA process for Vermont Medicaid and that the process is simple enough and do not recommend changing it.**”

2). For the reasons above, the Department of Vermont Health Access requests that Vermont Medicaid remain excluded from these requirements. Additionally, the Department is preparing an estimate of fiscal impact for Vermont Medicaid specifically related to these proposed policy changes; however, at this time, the fiscal impact of these specific changes is not completed.

3). Overall, for calendar year 2021, the Vermont Medicaid program observed the Emergency 72-hour Fill override used by pharmacies for 460 pharmacy claims. In reviewing the data, about 45% of the time, the override was used for opioid partial agonists such as: Suboxone, buprenorphine mono product, Zubsolv, buprenorphine/naloxone. Given many options for medication assisted treatment are available without prior authorization in the Vermont Medicaid program, this likely explains why the Emergency 72-hour Fill override was used for a very small percent of the overall pharmacy claims.

4). Finally, here is the exact language provided in the [Pharmacy Provider Manual](#) (page 16) as guidance for pharmacists in response to a question from Rep. Brumsted:

Emergency 72-Hour Fill

An emergency fill can be dispensed when a required prior authorization has not been secured, and the need to fill the prescription is determined to be an emergency. **If the prescriber cannot be reached to obtain the required prior authorization, the pharmacist may dispense an emergency supply to last up to 72 hours.**

Please let me know if you have further questions. Thank you!

All the best,
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